

12/28/01
USPTO

UTILITY PATENT APPLICATION TRANSMITTAL

(OMB for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 21994/0036	1994/00036
First Named Inventor or Application Identifier Tetsuya KONDO et al.	
Title	INFORMATION RECORDING MEDIUM, REPRODUCING APPARATUS AND RECORDING APPARATUS THEREOF
Express Mail Label No.	

APPLICATION ELEMENTS		Commissioner for Patents ADDRESS TO: Box Applications Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Filing fee as calculated below.</p> <p>2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages [63]] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) <i>(35 USC 113)</i> [Total Pages [13]]</p> <p>5. <input type="checkbox"/> Oath or Declaration [Total Pages []] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 16 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		
<p>7. <input type="checkbox"/> Microfiche Computer Program <i>(Appendix)</i></p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>		
ACCOMPANYING APPLICATION PARTS		
<p>9. <input type="checkbox"/> Assignment papers (cover sheet & document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Other:</p>		

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR § 1.76::

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____

Prior application information: Examiner _____

Group/Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	 30678 <i>(Insert Customer No. or Attach bar code label here)</i>		or <input type="checkbox"/> correspondence address below		
NAME	Connolly Bove Lodge & Hutz LLP Suite 800				
ADDRESS	1990 M Street, N.W.				
CITY	Washington	STATE	DC	ZIP CODE	20036-3425
COUNTRY	U.S.A	TELEPHONE	(202) 331-7111	FAX	(202) 293-6229

Fee Calculation and Transmittal

	(Col 1) NO. FILED	(Col 2)	(Col 3) NO. EXTRA	SMALL ENTITY		OR	NON-SMALL ENTITY	
				RATE	Fee		RATE	Fee
TOTAL	6	minus	20	= 0		x9=	\$	
INDEP	1	minus	3	= 0		x42=	\$	
<u>_ First Presentation, Multiple Dependent Claims</u>				+140=	\$			
<u>Base Filing Fee</u>					\$370			
<u>Other Fee (specify purpose)</u>					\$			
<u>TOTAL FILING FEE' (accounting for possible small entity status)</u>					\$	OR	<u>TOTAL</u>	<u>\$740.00</u>

A check in the amount of \$ __ to cover the filing fee is enclosed
 No payment is enclosed at this time. Full payment will be made when the executed Declaration is submitted.
 The Director is hereby authorized to charge and credit Deposit Account No. 22-0185 as described below. A duplicate copy of this sheet is enclosed.

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 If filing fee is not enclosed herewith, the filing fee(s) required to Deposit Account No. 22-0185.

Name (Print/Type)	Morris Liss	Registration No. (Attorney/Agent)	24,510
Signature	<i>Morris Liss (Thor B. Nielsen)</i>	Reg. No 45,528	Date <i>December 28, 2001</i>